

Entered - 02-29-01-sb
CL 01L0334 - GWENDOLYN BURNS

CLAIM OF: TRAVELERS INSURANCE COMPANY
as subrogee of Flousel Coleman
P.O. Box 2954
Milwaukee, WI 53201-2954
Atlanta, Georgia 30329

01-L-1191


For vehicular damages alleged to have been sustained as a result of an automobile accident on March 15, 2001 at 2280 Cascade Road, SW.

**BY PUBLIC SAFETY AND LEGAL ADMINISTRATION
COMMITTEE:**

BE IT RESOLVED by the Council of the City of Atlanta that the action of the Department of Law be approved in authorizing payment to **TRAVELERS INSURANCE COMPANY** as subrogee of Flousel Coleman the sum of **\$1,787.45** in full settlement and satisfaction of all claims, past, present and future, of every kind and character for vehicular damages alleged to have been sustained as a result of an automobile accident on March 15, 2001 at 2280 Cascade Road, SW as is more particularly set forth in the within claim; said sum taken from and charged to account 1A01/529017/T31001, Settlement of Suits and Claims, Department of Law.

APPROVED:

SUSAN PEASE LANGFORD
CITY ATTORNEY

BY: 
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 01L0334

Date: July 13, 2001

Claimant /Victim FLOUSEL COLEMAN
BY: (Atty) (Ins. Co.) Travelers Insurance Company
Address: P.O. Box 2954, Milwaukee, WI 53201-2954
Subrogation: X Claim for Property damage \$ 1,787.45 Bodily Injury \$ _____
Date of Notice: 5/29/01 Method: Written, Proper X Improper _____
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X
Date of Occurrence 3/15/01 Place: 2280 Cascade Road, SW
Department PUBLIC WORKS Division Street
Employee involved Harold Smith Disciplinary Action: Pending Review

NATURE OF CLAIM: Claimant's parked vehicle sustained damage when it was backed into by a City vehicle that was attempting to leave a parking lot.

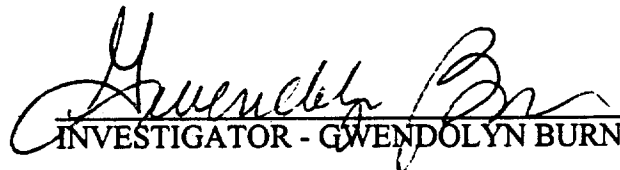
INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____
Pictures _____ Diagrams _____ Reports: Police X Dept Report _____ Other _____
Traffic citations issued: City Driver _____ Claimant Driver _____
Citation disposition: City Driver _____ Claimant Driver _____

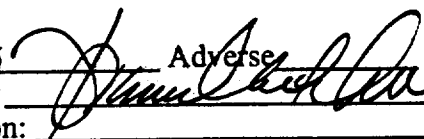
BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____
Improper Notice _____ More than Six Months _____ Other _____ Damages reasonable X
City not involved _____ Offer rejected _____ Compromise settlement _____
Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____
Claimant Negligent _____ City Negligent X Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - GWENDOLYN BURNS

RECOMMENDATION:

Pay \$ 1,787.45 Adverse  Account charged: 1A01 X 2J01 _____ 2H01 _____
Claims Manager: _____ Concur/date _____
Committee Action: _____ Council Action _____

TravelersInsurance
A member of cti group



BURNS
05/29/01
PO BOX 2954
MILWAUKEE, WI 53201-2954
Phone: (800)624-6007
Fax: (262)827-1038

May 19, 2001

City Of Atlanta Law Dept.
Attn: Claims Division
68 Mitchell St SW
Atlanta, GA 30335-0332

ENTERED - 5-29-01 - SB
01L0334 - GWEN BURNS

RE: Subrogation Claim
Our Client: Flousel Coleman
Date of Loss: 03/15/2001
Our File No.: LPH6810
Your Insured: City Of Atlanta
Your Driver: Harold Smith
Your Vehicle: 91 Chevy 350 Orange Serial #:M23301 0017045
License Plate#: 1CC724

Dear Claims Division;

We are managing a claim on behalf of Flousel Coleman, who sustained damages on 03/15/2001. Our investigation of the incident shows that your insured is liable for these damages when your truck backed into our parked insured's vehicle.

We have made payments of \$1,287.45 for this loss. We are requesting reimbursement for that amount and Flousel Coleman's deductible of \$500.00 for a total of \$1,787.45.

Enclosed is proof of the damages. We expect repayment within 30 days. We will forward the deductible amount to Flousel Coleman.

We appreciate your prompt attention.

Sincerely,

Danette Jenkins

Danette Jenkins
THE TRAVELERS INDEMNITY COMPANY OF AMERICA
(262) 797-1861 or 1-800-624-6007, Ext-1861

Enclosures *827-1038*

GENERAL RELEASE AND INDEMNIFICATIONCLAIM NUMBER 01L0334\$ 1,787.45

IN CONSIDERATION of the sum of SEVENTEEN HUNDRED AND EIGHTY-SEVEN AND 45/100 DOLLARS, to be paid by the CITY OF ATLANTA, the future receipt of which is hereby acknowledged, I do hereby, for myself, my heirs, executors, administrators, and assigns, release and forever discharge said City, its officers and employees, including but not limited to Harold Smith from any and all property damage claims, demands, actions, causes of action, suits, damages, loss and expenses, of whatsoever kind or nature for or on account of anything that has heretofore occurred, and particularly for or on account of a vehicular accident which occurred on or about the 15th day of March, 2001, at or near 2280 Cascade Road

(dj) It is further understood and agreed that the payment of the above named sum is not to be considered as an admission on the part of the City, its officers, agents, servants or employees, of any liability whatsoever and the undersigned further covenants and agrees to indemnify and hold harmless the City of Atlanta, its officers, agents, servants and employees, from any and all claims, damages or costs which the said City of Atlanta, its officers, agents, servants and employees, may be called upon to make as a result of the event hereinbefore referred to.

(ds) And I now state that the only consideration for my signing this release and indemnification is the payment of the sum stated above; that no other promise or agreement of any kind or nature has been made to or with me by said City or its agents to cause me to sign this release, and that I fully understand the meaning and intent of this instrument.

WITNESS my hand and seal this eighteenth day of June, 2001.

Danette Jenkins (LS)
TRAVELERS INSURANCE as subrogee of FLOUSEL
COLEMAN

The above release was read and explained to, and signed by the said _____

Danette Jenkins

in our presence on the date above written.

x [Signature]
x Cynthia S. Somerson
WITNESSES

01-L-1191